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Approved for use through 10/31/2002 OMB 0651-0032U S Patent and Trademark Office, U S DEPARTMENT OF COMMERCE
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UTILITY PATENT APPLICATION TRANSMITTAL

(Only for new nonprovisional applications under 37 CFR 1.53(b))

Attorney Docket No. ORA 100/102 CON

First Inventor James Ronald Lawter

Title FORMULATIONS FOR TREATING OR PREVENTING
MUCOSITIS

Express Mail Label No. EL 717 749 361 US

APPLICATION ELEMENTS

See MPEP chapter 600 concerning utility patent application contents.

<p>1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) <i>(Submit an original and a duplicate for fee processing)</i></p> <p>2. <input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.</p> <p>3. <input checked="" type="checkbox"/> Specification [Total Pages <u>22</u>] <i>(preferred arrangement set forth below)</i> - Descriptive title of the invention - Cross Reference to Related Applications - Statement Regarding Fed sponsored R & D - Reference to sequence listing, a table, or a computer program listing appendix - Background of the Invention - Brief Summary of the Invention - Brief Description of the Drawings <i>(if filed)</i> - Detailed Description - Claim(s) - Abstract of the Disclosure</p> <p>4. <input type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets <u> </u>]</p> <p>5. Oath or Declaration [Total Pages <u> </u>] a. <input type="checkbox"/> Newly executed (original or copy) b. <input checked="" type="checkbox"/> Copy from a prior application (37 CFR 1.63 (d)) <i>(for continuation/divisional with Box 17 completed)</i> i. <input type="checkbox"/> DELETION OF INVENTOR(S) <i>Signed statement attached deleting inventor(s)</i> <i>named in the prior application, see 37 CFR</i> <i>1.63(d)(2) and 1.33(b)</i></p> <p>6. <input checked="" type="checkbox"/> Application Data Sheet. See 37 CFR 1.76</p>	<p>7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)</p> <p>8 Nucleotide and/or Amino Acid Sequence Submission <i>(if applicable, all necessary)</i></p> <p>a. <input type="checkbox"/> Computer Readable Form (CRF)</p> <p>b. Specification Sequence Listing on: i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or ii. <input type="checkbox"/> paper</p> <p>c. <input type="checkbox"/> Statements verifying identity of above copies</p>
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ACCOMPANYING APPLICATION PARTS

<p>9. <input type="checkbox"/> Assignment Papers (cover sheet & document(s))</p> <p>10. <input checked="" type="checkbox"/> 37 CFR 3.73(b) Statement <input checked="" type="checkbox"/> Power of <i>(when there is an assignee)</i> <input checked="" type="checkbox"/> Attorney</p> <p>11. <input type="checkbox"/> English Translation Document <i>(if applicable)</i></p> <p>12. <input checked="" type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Statement</p> <p>13. <input checked="" type="checkbox"/> Preliminary Amendment</p> <p>14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <i>(Should be specifically itemized)</i></p> <p>15. <input type="checkbox"/> Certified Copy of Priority Document(s) <i>(if foreign priority is claimed)</i></p> <p>16. <input checked="" type="checkbox"/> Other: Check for \$406.00</p>	<p><input type="checkbox"/> Attorney</p> <p><input type="checkbox"/> Citations</p>
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17. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:

 Continuation Divisional Continuation-in-part (CIP)

of prior application No. 09 / 661,836

Prior application information

Examiner Nguyen, H.Group / Art Unit 1617

For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

18. CORRESPONDENCE ADDRESS

<input type="checkbox"/> Customer Number or Bar Code Label					or	<input checked="" type="checkbox"/> Correspondence address below	
Name		Patrea L. Pabst Holland & Knight LLP					
Address		2000 One Atlantic Center 1201 West Peachtree Street					
City		Atlanta	State	GA	Zip Code	30309-3400	
Country		United States	Telephone	404-817-8473	Fax	404-817-8588	
Name (Print/Type)		Patrea L. Pabst			Registration No. (Attorney/Agent)		31,284
Signature					Date <u>12/14/2001</u>		

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

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FEE TRANSMITTAL for FY 2001

Patent fees are subject to annual revision

TOTAL AMOUNT OF PAYMENT (\$ 406.00)

Complete if Known	
Application Number	Continuation of 09/661,836
Filing Date	December 4, 2001
First Named Inventor	James Ronald Lawter
Examiner Name	
Group Art Unit	
Attorney Docket No.	ORA 100/102 CON

METHOD OF PAYMENT (check one)

1. The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:

Deposit Account Number **50-1868**
 Deposit Account Name **Holland & Knight LLP**

Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17

Applicant claims small entity status See 37 CFR 1.27

2. Payment Enclosed:

Check Credit card Money Order Other

FEE CALCULATION

1. BASIC FILING FEE

Large Entity		Small Entity		Fee Description	Fee Paid
Fee Code (\$)	Fee Code (\$)	Fee Code (\$)	Fee Code (\$)		
101 710	201 355	Utility filing fee		370.00	
106 320	206 160	Design filing fee			
107 490	207 245	Plant filing fee			
108 710	208 355	Reissue filing fee			
114 150	214 75	Provisional filing fee			

SUBTOTAL (1) (\$ 370.00)

2. EXTRA CLAIM FEES

	Extra Claims	Fee from below	Fee Paid
Total Claims	24 -20	= 4 x 9.00 =	36.00
Independent Claims	3 -3	= 0 x	0
Multiple Dependent			

Large Entity		Small Entity		Fee Description
Fee Code (\$)	Fee Code (\$)	Fee Code (\$)	Fee Code (\$)	
103 18	203 9	Claims in excess of 20		
102 80	202 40	Independent claims in excess of 3		
104 270	204 135	Multiple dependent claim, if not paid		
109 80	209 40	** Reissue independent claims over original patent		
110 18	210 9	** Reissue claims in excess of 20 and over original patent		

SUBTOTAL (2) (\$ 36.00)

3. ADDITIONAL FEES	Fee Description	Fee Paid
105 130	205 65	Surcharge - late filing fee or oath
127 50	227 25	Surcharge - late provisional filing fee or cover sheet
139 130	139 130	Non-English specification
147 2,520	147 2,520	For filing a request for ex parte reexamination
112 920*	112 920*	Requesting publication of SIR prior to Examiner action
113 1,840*	113 1,840*	Requesting publication of SIR after Examiner action
115 110	215 55	Extension for reply within first month
116 390	216 195	Extension for reply within second month
117 890	217 445	Extension for reply within third month
118 1,390	218 695	Extension for reply within fourth month
128 1,890	228 945	Extension for reply within fifth month
119 310	219 155	Notice of Appeal
120 310	220 155	Filing a brief in support of an appeal
121 270	221 135	Request for oral hearing
138 1,510	138 1,510	Petition to institute a public use proceeding
140 110	240 55	Petition to revive - unavoidable
141 1,240	241 620	Petition to revive - unintentional
142 1,240	242 620	Utility issue fee (or reissue)
143 440	243 220	Design issue fee
144 600	244 300	Plant issue fee
122 130	122 130	Petitions to the Commissioner
123 50	123 50	Petitions related to provisional applications
126 240	126 240	Submission of Information Disclosure Stmt
581 40	581 40	Recording each patent assignment per property (times number of properties)
146 710	246 355	Filing a submission after final rejection (37 CFR § 1.129(a))
149 710	249 355	For each additional invention to be examined (37 CFR § 1.129(b))
179	279 355	Request for Continued Examination (RCE)
169 900	169 900	Request for expedited examination of a design application

Other fee (specify) _____

* Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$)

SUBMITTED BY		Complete (if applicable)		
Name (Print/Type)	Patrea L. Pabst	Registration No. (Attorney/Agent)	31.284	Telephone 404-817.8473
Signature				
Date	12/4/2001			

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

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